

Case Number:	CM13-0029434		
Date Assigned:	11/01/2013	Date of Injury:	03/26/2006
Decision Date:	01/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

48 year old male injured worker with date of injury 3/26/06 diagnosed with lumbar spine stenosis and radiculopathy. Lumbar MRI performed on 12/8/12 shows minimal disc bulge in multiple locations. Left shoulder MRI on 1/15/13 shows mild acromioclavicular osteoarthritic changes. A motor vehicle accident on 9/11/13 has exacerbated his low back and LLE pain which up to that point was relieved by an epidural steroid injection on 8/1/13. Date of UR decision was 9/9/13. Last note available for my review was dated 10/29/13 by Dr. [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin lotion 240 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,60,106,111-113.

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered

experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical lidocaine, MTUS states (p112) "Non-neuropathic pain: Not recommended." Terocin topical lotion contains menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per MTUS p25 Boswellia Serrata Resin is not recommended for chronic pain. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.

Naproxen Sodium 550 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines (p22), "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." NSAIDs are recommended as an option for short-term symptomatic relief for low back pain but are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Prior to his 10/29/13 visit to his treating provider, [REDACTED], the patient was taking an NSAID with good effect. Due to MTUS recommendation for short-term use and the treating provider's omission of Naproxen Sodium from the latest medication regimen of 10/29/13, the request is not medically necessary.

Pantoprazole Sodium 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines (p68) patients receiving high dose NSAID treatment are at risk for gastrointestinal events and are recommended a non-selective NSAID with a PPI such as Pantoprazole. There is a lack of documentation referencing gastrointestinal complaints warranting treatment with this medication other than its use prophylactically. Being that as of 10/29/13 a high dose NSAID is not part of the patient's medication regimen prescribed by his treating provider, pantoprazole sodium 20mg #60 is not medically necessary.

Hydrocodone/APAP 10/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80,88.

Decision rationale: The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the documentation available for review. Satisfactory response to treatment is indicated by the patient's decreased pain, increased level of function, or improved quality of life. Per [REDACTED] 10/29/13 note the patient states his medication regimen including Hydrocodone/APAP 10/325 mg help his pain and allow him to continue working without restrictions. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (i.e. CURES report, UDS, opiate agreement) and assure safe usage are needed. These do not appear to be documented. Documentation of efforts to rule out aberrant behavior (i.e. CURES report, UDS, opiate agreement) would be required to fully affirm medical necessity.